

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097720345**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
AL	4						TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
AL	12						TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
AL	16						TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.

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